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St. Bartholomew's Hospital Journal,

DECEMBER 14th, 1897.

"Æquam memento rebus in arduis
Servare mentem."—Horace, Book ii, Ode iii.

Exophthalmic Goitre.

*A Clinical Lecture delivered November 5th, 1897,
at St. Bartholomew's Hospital,*

By T. LAUDER BRUNTON, M.D., F.R.S.

GENTLEMEN,—The subject to which I wish to direct your attention to-day is Exophthalmic Goitre, and as we have recently had in the wards a very good example of this disease I have asked the patient to attend here to-day, so that you may have an opportunity of seeing him. I have two photographs which were taken of this patient, one of which shows the general aspect very well, and the other shows the enlargement of the neck which occurs in these cases. The name of exoph-

thalmic goitre is frequently applied to this disease, but it is also known by the names of the two men who described it,—Graves, an Irishman, and Basedow, a German. The cardinal symptoms of the disease are denoted to a certain extent by one of these names, viz. exophthalmic goitre. Exophthalmos or protrusion of the eyeballs is one very prominent symptom; the second symptom is enlargement of the thyroid—goitre; and these are shown in the photographs. There is, however, another symptom which is not immediately obvious when you look at the patient, but which is quite as important as either of the two I have mentioned, viz. the exceeding rapidity of the heart's action—tachycardia. The three most important symptoms, then, are—

1. Protrusion of the eyeballs.
2. Enlargement of the thyroid.
3. Rapidity of the heart's action.

On examining the patient more closely, however, we may find that there are still other symptoms, affecting (1) the nervous system generally, (2) the eyes and the circulation. Sometimes these symptoms affecting the nervous system appear before either the changes in the heart, the changes in the eyeballs, or the changes in the thyroid. A good many patients whom I have asked about the subject have told me that the first symptom noted was an increased irritability of temper, or if this was not present, there was increased nervousness, so that they became apprehensive of accidents. One lady told me that one of her most striking symptoms was a fear of walking in the streets, lest the horses should leave the roadway, and come up on the pavement beside her. Many patients suffering from this disease dare not cross a street from fear of accident. The nervous symptoms are, therefore—

1. Increased irritability.
2. Increased nervousness.

On examining the eyes also it may be noticed that, in addition to the apparent protrusion of the eyeballs, in some cases the upper lid is more retracted than the lower, so that there is a large ring of white between the upper margin of the cornea and the upper lid. Along with this retraction of the upper eyelid and the greater width of

the space between the lids, one observes also that the eyes wink much less frequently than in the normal condition. These two symptoms together, the greater opening of the space between the lid and the unwinking eyes, are known as Stellwag's symptom. He was the Professor of Ophthalmology in Vienna at one time, and, many cases of eye disease coming to him, he observed this symptom. A more important symptom still was noticed by von Graefe, Professor of Ophthalmology in Berlin, and that is the want of co-ordination between the eyelids and the eyeball. In cases where you do not find a very large space of white between the cornea and the upper lid, you may get it becoming very evident by making the patient hold up the head and then follow your finger with his eyes. As you move it downwards you will notice that the eyeball follows quite easily, but the upper lid does not follow, and consequently we get this well-marked ring of white between the upper eyelid and the cornea, although it was not well marked before, and in cases where it is quite narrow it becomes quite broad.

Occasionally, too, we find that the eye when turned to one side or another does not move so readily as it ought to do, and when we make the patient converge his eyes upon the finger held a short distance in front of the face they do not remain steadily convergent, but one or other remains directed to the finger and the other moves aside. Other affections of the eye have been described, more especially loss of power in the various muscles of the eyeball, and certain affections of the pupil, but it is extraordinary how often you find that the pupil is hardly affected at all. In this patient you will notice first of all that the eyes are protuberant; they seem to come further forward than usual. You observe also that the neck is thick, and that the thickness is due to swelling of the thyroid gland, and you can see the enlargement of the lobes of the thyroid quite readily. When the patient looks up, you will observe that we get a broad ring of white sclerotic between the upper margin of the cornea and the upper eyelid. When he looks at my finger, as you see, convergence is very fair. You will also observe that when I press the eyeball it recedes, so that it clearly is not resting against something hard and resisting, but upon something soft and elastic, for on pressure the eyeball goes in and then comes out again as before. The patient experiences no pain on pressure. We shall consider presently the cause for the receding of the eyeball when it is pressed. Pulsation has been noted also in the arteries of the retina in these cases. One of the symptoms that I alluded to as very frequently present is absent in this case. He has not the irritability of temper which is such a common concomitant of this disease.

Another symptom that one notes in regard to the vessels is subjective fulness and heat. Patients usually feel very hot, and this feeling, although it may sometimes be accompanied by actual rise of temperature, very often is not so

accompanied. There may be no rise of temperature whatever, but the patient feels hot, and you can readily see the reason why. If you look at his hands you will see that they are fairly red, they are well coloured, there is no blueness about them, and the face is well coloured too. When you touch the hand it feels hot. Now you know that the feeling of heat, objective as well as subjective, is due to dilatation of the vessels of the skin, so that the warm blood flows from the interior of the body and circulates freely over the skin. In this way the patient himself feels hot, and anyone who touches the skin feels that it is warm. But it is not only warm, it is usually moist, and in consequence of the combined dilatation of the vessels and of the moisture, the electrical resistance of the skin is below the normal; there is less resistance to an electrical current passed through the body. A good deal of stress has been laid upon this of recent years. In the case before us we have no disturbance of the bowels nor digestive system, but in some other cases both occur. Although the disturbance of the digestive system has now passed off, the patient tells me that he did have one of the symptoms which is very common in this disease, namely, diarrhoea. He suffered at first very much from diarrhoea. Diarrhoea in these cases is sometimes almost choleraic, and apparently depends upon some deep-seated disturbance of the nervous system, and is exceedingly difficult to treat. The pulse in this case is 136, and the temperature I think we may be perfectly sure is at or about the normal; so you see here that one of the best-marked symptoms of this disease, viz. tachycardia, is present.

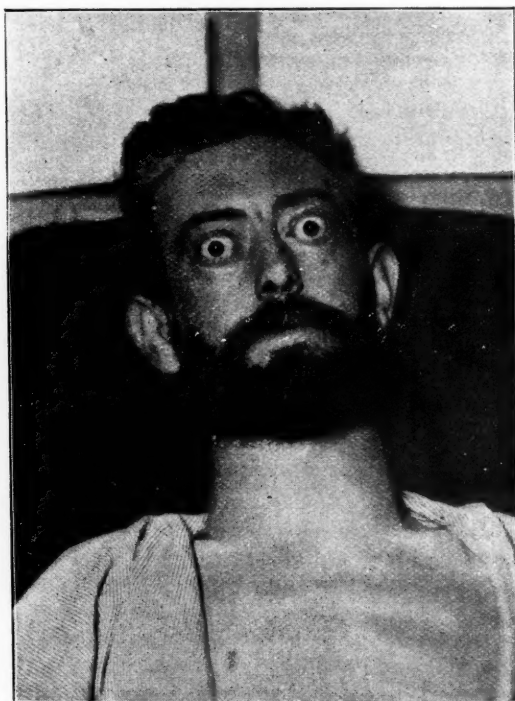
There is yet another symptom connected with the nervous system, which perhaps you may be able to see if I ask the patient to hold out a rod at arm's length. There is usually a constant rapid tremor of the arm, but instead of being magnified, as I expected, it seems to be almost steadied by the rod, possibly because the period of vibration of the arm and the rod eight feet long is too great. You will, however, see it readily enough if the patient holds out a sheet of note-paper. The tremor varies from four to ten vibrations per second.

On pressing over the thyroid you will be able to hear a regular well-marked systolic bruit, and on putting your hands over it you will feel that it pulsates freely.

Having considered the chief symptoms, we may consider the predisposing causes. This disease is much more common in women than in men. We have had two cases in "Elizabeth" Ward, but neither was so well marked as this. As a general rule, however, there are five to ten cases in women for every case among men. It generally comes on in the period of youth or maturity; it is not frequent amongst children nor amongst elderly people. Its onset is often moderately slow; sometimes the ingravesence of the symptoms may continue for a couple of years; sometimes, however, it comes on with great rapidity, and the case before us is, I think, one of the most rapid that I have

come across. The patient went out to work at 4 o'clock one morning. There was a thunderstorm, and this greatly agitated him. At 5 o'clock in the afternoon the eyes were protuberant, so that the disease came on in thirteen hours, which is a very short time. It generally comes on in consequence either of shock or of injury. In the present case it came on from the excitement of the thunderstorm. In another case, which I saw in private a number of years ago, it came on from sorrow and excitement within four or five days in a girl of nineteen, whose brother was accidentally shot when out shooting. His gun had become entangled in a hedge and shot him as he was crossing the hedge. He was her favourite brother, and, as I have said, within four or

may be produced secondarily upon the body by increased activity of the thyroid gland. We know now that the secretion from the thyroid gland possesses very great power in altering tissue change, because when we administer it in myxœdema we find the dull heavy appearance of the patient disappear, and we get a complete change in nutrition. But it is not merely the connective tissues that are altered by the secretion of the thyroid gland. We find that the nervous system is also acted upon by it, and that sometimes when the thyroid gland is administered, either in the form of a glycerine extract or tabloids of the compressed gland, for a long time to a patient, one is obliged either to lessen the dose or to stop the administration of the drug entirely,



five days she had very well-marked symptoms of exophthalmic goitre.

The pathology of the disease is still very obscure. In a paper which I wrote in the *St. Bartholomew's Reports* in 1874 I was inclined to locate the lesion giving rise to the symptoms in the ganglionic chain in the neck,—the sympathetic chain. Since that time, however, we have learnt a great deal more about the thyroid and its functions, yet even now it is exceedingly difficult to say what the cause of all these symptoms is, because we have to deal not only with the thyroid and with the symptoms which we see as being due to nervous lesions or alterations in tissue change in the thyroid itself, but we have to consider the effect which

because nervous symptoms appear. These nervous symptoms are increased excitability and increased irritability,—the very symptoms, indeed, that we find occurring in cases of exophthalmic goitre. I have noticed this condition come on not only in patients to whom I was giving thyroid tabloids for myxœdema, but in cases where I have given these tabloids for chilblains. The extract of the thyroid gland has the power not only of acting centrally upon the cerebrum and increasing its excitability, and giving rise to the symptoms I have just mentioned, but it also acts upon the vessels, causing dilatation; and this is rather of a permanent character, so that in patients who suffer from contraction of vessels, especially after exposure to cold, and

whose feet get blue and become affected with chilblains, the thyroid gland will probably cause the vessels to dilate, will stop this coldness of the feet, and arrest the formation of chilblains. We give this same substance in cases of Raynaud's disease where the vessels become contracted to a still greater extent, so that the fingers become blue, sometimes quite white, shrunken, and exactly like those of a corpse. As we happen to have a case of Raynaud's disease in the wards now, I have had the patient brought in for the sake of comparison of his case with this one of exophthalmic goitre.

We know that in cases of exophthalmic goitre we have great dilatation of the vessels, as evidenced by the subjective warmth, by the warmth to the observer's hand, and by the lessened electrical resistance. This dilatation of the vessels may be partly the cause of the rapid heart; because, like many other muscles, the heart when it has little resistance to overcome tends to beat quickly. Probably, however, this is not the only cause. The heart generally is kept beating at a moderate rate because it is restrained by the vagus, and most people's hearts beat somewhere between 60 and 75 or 80 per minute. If you were to cut the vagi their hearts would beat at the rate of about 120 per minute, and in many cases of disease in the wards, especially those of fever, you will probably be struck by the constant recurrence of the number 120 in cases where you are counting the pulses of febrile patients. The reason is that the heart, when unrestrained by the action of the vagus, generally beats about 120 per minute. You may ask, how do we know it? because of course we cannot cut the vagi in our patients, and see what rate their pulses will go afterwards. But every now and again we get the same thing. It is not necessary to cut the vagus trunk in order to abolish its effect upon the heart. It can be done by giving belladonna, and in cases of poisoning by belladonna, such as one of which we had an example in the Casualty Ward about three or four weeks ago, we find the pulse going at 120, and where too much belladonna has been given, say for enuresis, the pulse is often found to be going at 120 also, but in the case of exophthalmic goitre before us it is more. This, therefore, seems to show that here we are having not merely the absence of the controlling effect of the vagus, but we have also stimulation of the accelerating nerves of the heart.

The enlargement of the thyroid depends upon dilatation of the vessels in it, and probably also to some extent upon increased formation of the gland tissue itself, so that we probably get a larger internal secretion from the thyroid. I wish you to particularly notice that when I press my fingers upon the eyeball, it goes back into the socket as if I had been pressing against some elastic body. Now the protrusion of the eyeball is said to depend upon one of three things, or perhaps upon two of three things, or upon all three together. It is said that there is an increased amount of fat in the orbit which tends to make the eyeball protrude, but it is quite

certain that this fat is not the main factor in the protrusion of the eyeball. It depends chiefly either upon dilatation of the vessels in the orbit or upon the action of the so-called Müller's muscle, which tends to press the eyeball forwards; and both of these factors, the muscular contraction of Müller's muscle and the dilatation of the vessels, and their repletion with blood, would be abolished for the time being by the counter-pressure of the hand upon the front of the eyeball. Now it is very hard, as I have said before—and I do not think that I shall succeed at present—in completely disentangling those symptoms which are due to increased internal secretion and those which are due to primary nervous derangement. For first of all, before we get increased internal secretion something must have made the thyroid itself enlarge, and in all probability the first thing to be affected is some part of the cerebrum. In the first place we get a shock which acts upon the nervous system generally, and through it appears to react upon the thyroid and upon other parts of the head and neck which are innervated by the sympathetic. The probability is that the lesion really is somewhere in or near the medulla oblongata; and Filehne, of Breslau, was able after injuring the restiform bodies to produce in animals the three cardinal symptoms of the disease, namely, exophthalmos, enlarged goitre, and rapidity of the heart, although he very rarely, if ever, succeeded in getting all three in one animal.

We have just asked the patient to retire because we come now to a question which is better discussed in his absence, namely, the prognosis. The prognosis in these cases is a very uncertain one. The remark has been made that cases of exophthalmic goitre are not very often seen in the post-mortem room, and this is wonderfully true. A great number of these patients go on for a number of years, eight, ten, or more, and then they may either gradually recover, or they may die from some intercurrent affection. Some of them, however, last only a short time.

One of the ways in which patients are carried off is by the choleraic diarrhoea from which this man suffered at the commencement. The girl whom I mentioned before as having suffered from exophthalmic goitre, in consequence of the death of her brother, only lived, I think, some four or five months. She came up from Yorkshire, went down to Hastings, and while there she was seized with a choleraic diarrhoea which nothing would stop. It continued in spite of every remedy, and then she became so weakened that she died. Another cause of death is, as I have said, some intercurrent disease. One patient whom I watched for about ten years remained very fairly well, sometimes a little better, sometimes a little worse, but able to go through all her duties, to attend to her family, and entertain her friends, although she did not like the excitement of society. Unfortunately she contracted pneumonia. In all probability, as the pneumonia was not a severe attack, she would have recovered from it had it not been that the heart was too

feeble to stand the increased strain put upon it. You know that in cases of pneumonia a heart which is ordinarily beating sixty per minute will go up to 120, or even more, and you can readily understand that if you get this increased pulsation occurring in a normal heart, from the increased temperature, the heart which is day by day beating 120 per minute cannot go up to 200, as it ought to do in proportion to the rise in temperature, and so it beats itself out, and the patient dies. Death occurs not so much from the symptoms of the pneumonia itself, as from the exhaustion which comes from weakness of the heart.

Well, now, what are we to do to prevent death? How are we to treat our cases? The way in which I used to treat them was by putting them upon chloride of calcium, prescribing about a drachm of the liquor three times a day, and as a rule they seemed gradually to improve. I usually saw them for several months at intervals, and then I lost sight of them, which I took to mean that they had become so much better that they did not want to see a doctor any more. Lately, however, we have been treating them either with thymus or with extract of the supra-renal capsules. The extract of supra-renal capsules is the substance that seems most indicated in the treatment of such cases, because while the thyroid gland or its extract dilates the vessels, the extract of supra-renal capsules has perhaps the most powerful effect in contracting the vessels of any substance we know. In one case that I have been treating lately in the country with extract of supra-renal capsules there has been a very marked improvement indeed. Whether the patient is going to get well or not I cannot say, but she has very greatly improved. For one thing, the nervous symptoms appear to have gone, as she is no longer so frightened, and no longer so irritable. She seems also to have increased in strength, and apparently is on the way to recovery; but, as I said, these patients are apt to go up and down, and unless you find that they have actually got well you cannot say precisely what is going to happen, and one must remember that the symptoms do sometimes after a few months spontaneously begin to get less, and finally disappear.

Another method of treatment is galvanisation applied to the sympathetic. The usual practice is to put one electrode, very often the negative, on either the spine, the sternum, or the sacrum, and apply the other electrode just under the ear on either side. Under treatment of this sort a certain amount of improvement may take place, but I confess that I have been rather disappointed in it, and of late I have not used it very much, trusting much more to the use of such things as chloride of calcium and supra-renal tabloids. In addition to these definite remedies, one ought to be careful of the general health of the patients. All excitement is bad, and it is necessary to insist that they shall take things quietly, that they shall avoid worries as much as possible, and that they should not subject them-

selves to overstrain. You can readily see that overstrain of any kind, mental or bodily, is not good for their heart. Besides this, especial care must be taken to guard against chills, because with a heart beating so rapidly as it usually does in such cases, if the patients catch a chill, get a bronchitis or a pneumonia, then the result may be fatal, although they might have pulled through if they had not been suffering from this disease.

Some of those after whom the Wards are named.

Being the Inaugural Address of the 103rd Session of the Abernethian Society, delivered on Thursday, October 7th, 1897.

By JOHN LANGTON, F.R.C.S.



WHEN I was asked by the honorary secretaries of the Abernethian Society to give the Inaugural Sessional Address, I readily consented to do so, for during the many years I have been connected with the School and the Hospital I have always recognised the good work the Society was doing among its junior members.

While, however, the consent was easy, the choice of the subject was difficult. I have selected, as you know, the subject, some of those after whom the Wards are named. Other subjects naturally occurred to me. I might have selected the high aims of our profession; the connection of the Abernethian Society and the Hospital; the causes of our successes and our failures; or many a wide field of kindred topics. I feel, however, that in many of these one is somewhat apt to wander into transcendental ideals which practically have little share in the choice and practice of our profession.

Some of the wards are named after Scriptural persons and divine gifts; some after official positions and persons—President, Henry, Alexandra, and Edward; some after benefactors—Colston, Darker, Sitwell, Kenton, Harley, Coborn, and Lucas; and some after former members of the Medical Staff—Radcliffe, Pitcairn, Lawrence, Stanley, Abernethy, and Paget. I shall start to-night with Rahere, the ward first visited officially on the Annual View Day, and named after our founder—Rahere.

RAHERE.

Most Bartholomew men know somewhat of the origin of our Royal Hospital, first as an integral part of an important monastic institution founded in 1123 by the King's minstrel, Rayer, who later on founded the Priory of St. Bartholomew. The Hospital was possessed of means outside the control of the Priory. Rayer died on September 20th, 1143, leaving thirteen monks on the foundation of the Priory. The monastery at that time was one of the largest and most important in London, the houses belonging to it reaching as far back as Aldersgate Street. Later, the Hospital was severed from the Priory, on the suppression of monastic institutions by King Henry VIII. It was not till 1546 that the Hospital was re-endowed by that monarch to the extent of 500 marks a year out of its former revenue, with the proviso that a similar sum should be contributed for ever by the citizens of London. To what extent the yearly revenue has increased is a standing memorial of the sagacity, liberality, and business capacities of those who have in former times, and of those who still govern, the financial destinies of the institution.

Of the old monastic fabric nothing, I believe, exists at the present time, although some of the cloisters were still standing within the memory of living persons.

The Church was erected shortly after Rayer's return from Rome. The tower, or at any rate part of it, still contains some of the original Norman arches. It was modernised by Dance in 1789, and was practically rebuilt by Hardwick in 1823.

The tomb of Rayer was erected in the fifteenth century on the north side of the choir of St. Bartholomew the Great, and is surmounted by a beautiful groin canopy, situated opposite to Prior

Bolton's pew. The figure of Rayer is recumbent; at its foot is a crowned angel, while on each side is a monk with a Bible opened at Isaiah li.

It is reported of Rayer that "he had not the cunning of liberal science, but having that which is more eminent than any cunning, for he was richest in purity of conscience."

COLSTON.

The opposite ward is named *Colston*, after Edward Colston, who was born in 1636 and died in 1721. He must not be mistaken for John Collston, who was elected Surgeon to the Hospital in 1608.

Edward Colston was born at Bristol in 1636, being the son of William Colston, who in 1645 was removed from his office of alderman by order of the House of Parliament. It was in consequence of this that he removed to London, which explains the fact of Edward Colston, the son, being educated at Christ's Hospital. He was elected Governor of Christ's Hospital in 1680, and gave from time to time the sum of £2000 to that Hospital.

He was one of Bristol's most munificent merchants, his trade being chiefly with the East Indies, in which he made a large fortune. Edward Colston was made free of the City of Bristol in 1683, where he then resided; but he left Bristol in 1689, and lived at Mortlake, in Surrey, where he died, unmarried, in 1721.

While he gave largely during his lifetime to public and private charities, the amount being not less than £140,000, he was not unmindful of his obligations to those who were connected with him by ties of common blood. He founded and endowed many schools and almshouses in his native town.

He was elected Member for Bristol in 1710, which he held till 1713, when he retired owing to ill-health. On his retirement from the representation of the city he was presented by the corporation with a gross of bottles of sherry of the value of £16 18s. 6d.

During his lifetime he gave to our Hospital and to four others the sum of £5500.

He died in 1721 at Mortlake, where he had resided many years. The affection in which his pious memory is held at Bristol is proved by the fact that flowers are deposited every Sunday on his tombstone.

Four portraits of Colston are extant:—1. In the School of St. Augustine's. 2. In the Council House. 3. In the Merchant's Hall at Bristol. 4. In the Committee Room of St. Bartholomew's, which was painted by Kneller.

His memory is yearly honoured at Bristol on the 12th of November in each year. "Colston's day" is celebrated in the early day by religious services, while banquets are held in the evening. Collections are made at each for the continuation of his good work at Bristol. Two of them are associated with the rival political parties, viz. the Dolphin Society, established in 1749, patronised by the Tories; and the Anchor Society, inaugurated in 1769, is attended by the Whig party—usually a Cabinet Minister is present at one of the banquets, whichever party happens to be in power. The other two—"the Colston or Parent Society" founded in 1726, and the Grateful Society in 1758,—are independent of any political bias. He was a strong churchman and an ardent Tory, and it will be noticed that his munificent gifts are all devoted to the interests of the Church of England.

RADCLIFFE.

Radcliffe acquires its name from Dr. John Radcliffe, who was born at Wakefield, in Yorkshire, in 1650. He proceeded to University College, Oxford, and thence came to London in 1684, where he rapidly acquired a large practice. Soon after he removed to London he became a Court physician, and though offered the post of physician in ordinary to King William III at a salary of £200 more than any other, he declined the post. Although not attached as the physician to His Majesty, Radcliffe's professional opinion was often sought by the King, but he frequently fell into disfavour owing to the freedom with which he expressed his opinions whilst in attendance on his patient. King William had much respect for his professional opinion, which was often in direct antagonism to the physicians who came over from Holland with the King,—and his opinion, especially in the forecasting of events, was usually correct. With the consort of William, Dr. Radcliffe was in much favour.

It is stated that the earliest record of our School dates from 1662, although Harvey appears to have delivered his first lecture in 1616. Encouraged by the Governors, who thus showed their enlightened views, the School soon assumed an important position, and to such an extent that in 1726 accommodation was provided for a Museum of Anatomical and Chirurgical Preparations under the charge of John Freke, then Assistant Surgeon to the Hospital. Freke was an accomplished carver in wood, and an elaborately carved gilt chan-

delier now suspended from the ceiling in the Steward's office is attributed to his diligence and skill.

Radcliffe practised his profession in Bow Street, Covent Garden, his next-door neighbour being Sir Godfrey Kneller, who painted his portrait which now hangs in the College of Physicians.

He was never married, although it is recorded that he was on the point of being so when certain circumstances transpired which led to the engagement being broken off. It is stated that on his return home after the interview he retired to his room, and was heard to exclaim, "Well! they say hanging and marrying go by destiny, and I hardly see that if I had been guilty of the last, how I could have escaped the former."

He retired to his country house at Carshalton, and died in the year 1714.

Dr. Radcliffe was the first possessor of the "gold-headed cane." At that time a cane was one of the complements of physicians, and nearly always figures in prints as an adjunct to their persons. This gold-headed cane passed by gift to Drs. Mead, Askew, the two Pitcairns who were connected with St. Bartholomew's Hospital, and lastly to Dr. Baillie, a nephew of John Hunter. By him it was presented to the College of Physicians, where it now lies in departed glory in a glass case in the library of that College.

Through the descendants of Dr. Baillie the College of Surgeons have become possessed of several important pieces of furniture which formed part of the environment of the great John Hunter.

I have said that Radcliffe was never married, and he says it did not become him to speak of his good or ill fortune in that line. Science, however, is all the richer by his fate, for he left a considerable portion of his large wealth to Oxford University, where permanent records of his benefactions still flourish.

He bequeathed £40,000 to build and found a library at Oxford; also £5000 for the enlargement of University College.

Our hospital also profited by his will, for he left £500 a year in perpetuity for mending the diet of the patients in St. Bartholomew's Hospital.

His trustees, to whom a large property was entrusted for charitable purposes, allotted sufficient funds for the Radcliffe Library, which was completed in 1749, for the reception of books in medicine and natural history. They also erected the Observatory and the Radcliffe Infirmary, which are evidences of the care they had for science and humanity. The Observatory is one of the finest buildings in Oxford, and possesses a staircase worthy of notice. The Infirmary, which at the present time affords the best medical and surgical aid to the sick and the suffering, was opened for the reception of patients in 1770.

The liberality of the trustees has also been extended by the creation of two Radcliffe Travelling Fellowships, bequeathed out of his Yorkshire estate to the Master and the Fellows of his College at Oxford, and they further subscribed the sum of £2000 towards the erection of the College of Physicians in Pall Mall East, where his portrait hangs.

Apart from his wit and humour, to which no doubt much of Radcliffe's success was due, he seems to have been a physician of much resource and of much prescience in the prognosis of his cases, which made him very confident of his own opinion.

PITCAIRN.

Dr. William Pitcairn was the eldest son of the Rev. David Pitcairn, minister of Dysart, in Fifeshire.

He studied at Leyden for some time, but eventually graduated M.D. at Rheims.

He was elected Physician to our Hospital in 1750, and shortly afterwards received the degree of M.D. of Oxford. In 1775 he was elected President of the College of Physicians, which office he resigned in 1784. He resigned his physicianship in 1780, but four years afterwards he was elected by the Governors, Treasurer of the Hospital, where he resided.

In conjunction with some others, Dr. Pitcairn inaugurated the delivery of lectures on Anatomy, Physiology, Medicine, Surgery, and Chemistry, though it would seem probable that those on Medicine, at any rate, prior to this date, were delivered only occasionally.

Pitcairn died in 1791, and was buried in a vault believed to be outside the walls of the Hospital Church of St. Bartholomew the Less. His portrait by Sir J. Reynolds is placed in the Censors' room of the Royal College of Physicians, of which he was four times Censor.

He was an able physician, and he advocated very strongly the administration of opium in cases of typhoid fever.

Dr. David Pitcairn was the nephew of Dr. William Pitcairn, and a son of Major Pitcairn, who was killed at the battle of Bunker's Hill.

Educated at Edinburgh and Glasgow, he then entered Corpus Christi College, Cambridge, graduating M.B. in 1779 and M.D. in 1784.

He was Censor of the College of Physicians no less than five times, and was Harveian orator.

Dr. Pitcairn was elected physician to the Hospital in 1780—prior, therefore, to his admission as Doctor of Medicine at Cambridge,—and afterwards came to London, living in Lincoln's Inn Fields for many years, and whilst enjoying a lucrative practice, he gained the confidence and the recommendation of his uncle.

His manner was described as simple, gentle, and dignified. He was unusually mindful of his patients, which often led to the establishment of life-long friendships with them. His personal gifts were stated to be unusual, and the picture painted by Hoppner, which is hung in the Censors' room at the College of Physicians, appears to bear out this statement.

Delicate for many years from tuberculous disease, he was compelled to sojourn abroad for many months. He so much improved that he returned to England after a residence of eighteen months in Portugal, and resumed the practice of his profession for some years in comparatively good health, but died of an acute laryngeal disease of three days' duration, on the 17th April, 1809.

He, like his uncle, was buried in the Church of the Hospital he had loved and served so well.

KENTON.

Benjamin Kenton was born in 1719 in Fieldgate Street, Whitechapel, and was educated in the school founded by Sir John Cass, situated in the parish in which his mother kept a greengrocer's shop. He was early apprenticed to the landlord of the Angel and Crown Inn at Whitechapel, and subsequently became waiter and drawer at the Crown and Magpie. The landlord of the Crown allowed the sign of the Magpie to decay, and so altered the name of the inn to "The Crown." As the result of this parsimony, the profitable custom of the sea-captains of the ships in the docks, who not only drank deeply but also provided their ships with stimulants from the inn, so lessened as to largely affect the prosperity of the establishment. The owner dying at this time, Kenton became the purchaser at a very moderate figure. He resuscitated the business by his courtesy and assiduity, and later on restored the sign of the Magpie. His business prospered, and he was enabled to increase his turnover by having learnt the secret of bottling ales for the Indian market. Kenton acquired great wealth, which he increased by judicious investments made on the advice of the alderman of his Ward, Thomas Harley, whose name is given to the Ward opposite to Kenton.

He retired from business, and lived in Gower Street till his death in 1800. He had one son, whom he established as a druggist. This son dying early he was left with an only daughter, who also died unmarried. Kenton's clerk, who was much attached to her, behaved so honorably that Kenton bequeathed to him the sum of £300,000.

Kenton was made Master of the Vintners' Company in Upper Thames Street, in 1776, having been a member of the guild for thirty years.

He bequeathed £5000 to the Hospital, of which his friend and financial adviser, Thomas Harley, was the Treasurer. He was buried in Stepney Church, and a sermon is preached once a year in the church to commemorate his benefactions.

HARLEY.

Harley is called after Thomas Harley. He was the third son of the third Earl of Oxford, and was born in 1730. His education was conducted at Westminster.

At the age of thirty-one he became Alderman of Portsoken Ward, and six years later, in 1767, was elected Lord Mayor of London. During this period he was created a Privy Councillor, being the second Lord Mayor on whom this honour was conferred.

A wealthy marriage enabled him to join the then important banking house of Sir Charles Raymond in George Street, Mansion House. He amassed considerable wealth during the partnership, so that he was enabled in conjunction with Mr. Drummond to obtain the Government contract for paying the English army in America with foreign gold, and shared the profits, amounting to £600,000; at the same time he was the clothing contractor to the army. Whilst he was connected with the Corporation he was the means of establishing a system of bounties for bringing fish to Billingsgate Market, which enabled him to sell fish at low rates.

He subsequently entered the arena of politics, contesting the representation of the City against Wilkes. Harley was victorious; but Wilkes was elected five days afterwards for the county of Middlesex. The mob were so incensed at Harley's victory over Wilkes that they broke the windows of the Mansion House.

He seems to have come into collision not infrequently with the people. On one occasion, when going to St. James's to present an address to the King on the birth of Princess Elizabeth, he was interrupted by the mob, and not allowed to proceed. He was, however, thanked by the Houses of Parliament for his conduct on several occasions, though once the Corporation of London refused to ratify it.

France being somewhat aggressive about the year 1797, and threatening an invasion of England, Harley's bank became deeply involved. He honorably discharged all his liabilities, and retired to his house at Berrington, near Leominster, which he had bought many years previously, and died after a lingering illness in 1804.

After the closing of the banking house he was asked to become a candidate for the lucrative office of Chamberlain of the City after Wilkes's death. Although impoverished, he would not contest the vacancy, and he honorably gave all the help in his power to secure the election of his friend Richard Clarke.

He was President of the Hospital and also Lord Lieutenant of Radnorshire.

Harley not only displayed great powers of administration, but was most judicious in his advice to his friends as to investments; and he gave many proofs of vigorous action in times of great emergency.

Harley and Kenton, long associated in life, are not divided in death, for the two wards which bear their names are directly opposite one another.

DARKER.

Of *John Darker* not much seems to be known. In the year 1742 he gave £100 towards the building of the third wing, and in 1760 a further £50 towards the general funds of the Hospital.

He was Treasurer from 1760 to 1784. Mr. Darker made whilst he was Treasurer, on June 26th, 1772, the following announcement:—That he had never used any of the Hospital money, and had made it a general rule to deposit with a banker or bankers. The failure of his bankers compelled him to repay to the Hospital the moneys he had lost; but to prevent any such future loss from falling upon him, he no longer chose to place out or deposit the Hospital money with any banker without the concurrence of the Committee. The Committee resolved that the same in future be deposited or invested with Sir Robert Ladbroke during the pleasure of the Governors of the Hospital.

He bequeathed to the Hospital £100, and all his books, pictures, and prints, which were sold for £1574 10s. 6d., for the best interests of the charity.

SITWELL.

He was the son of William Sitwell, of Renishaw, in Derbyshire. He was the Auditor-General of Bridewell and Bethlehem Hospitals, and he left the great bulk of his property to his nephew Francis Hurt, who later on by Royal licence assumed the name of Sitwell.

During his lifetime in 1742 he gave a sum of £50 towards building the third wing, and in 1752 he gave a further sum towards the general funds of the Hospital.

LUCAS.

Matthias Prime Lucas in 1820 was an Alderman, and subsequently Lord Mayor of London, the latter office being served in 1827.

He was a President of the Hospital, and gave a donation of £200, the interest of which was devoted to the award of a yearly prize to a sister or nurse who had faithfully discharged her duties in the wards.

His portrait is in the Great Hall of the Hospital.

LAWRENCE (1783—1867).

William Lawrence was born in 1783 at Cirencester, where his father was a medical man; he came to London, and was apprenticed to Abernethy. He was appointed Demonstrator at an early age, and became Assistant Surgeon in 1813, and full Surgeon in 1824. He filled the office of President of the College in 1846, and again in 1855, and he delivered the Hunterian Oration in 1834 and in 1846.

His pupils were all deeply attached to him, and though not always in consonance with the opinions of the majority, he was most deeply respected and admired. Later in life he was appointed Serjeant-Surgeon to the Queen, after having been Surgeon Extraordinary for some years. He was made a baronet a year before his death, and was succeeded by his son, Sir Trevor Lawrence, who happily for us still guides the destinies of our Hospital.

STANLEY.

Edward Stanley was born in 1792, and received his education at our Hospital. As in those days all aspiring to become surgeons to

the Hospital became pupils of one of the surgeons, Stanley was apprenticed to Mr. Thomas Ramsden, and on his death was passed on to Mr. Abernethy. Mr. Stanley was elected Assistant Surgeon in 1816, and full Surgeon in 1838. He became Surgeon Extraordinary to the Queen in 1858. His exterior was rugged, but his manner was generally kind, and his list of dressers was always full, showing how much he was esteemed as a teacher. He lectured somewhat laboriously, but he was always strong in laying down points in surgical anatomy. While he was generally very sound in his lectures, his practice did not always bear out the theory of his teaching.

He died one Saturday afternoon in 1862, whilst going round the ward of Henry with his former colleague Mr. Lawrence.

ABERNETHY.

John Abernethy was born in 1764. His father belonged to London, and was partly of Scotch and partly of Irish extraction.

He went to school at Wolverhampton, but came to the Hospital at the age of fifteen, when he was apprenticed to Mr. Charles Blicke. He was for twenty-eight years Assistant Surgeon, becoming full Surgeon in 1815. He lectured on Anatomy, Physiology, and Surgery, and died in 1831.

His great success in life was due to his strong individuality and his clear description of disease. Few men have secured to themselves greater admiration and love of their pupils than did Abernethy. His power of attracting his students to himself amounted almost to a fascination, and they with much truth are prone to regard Abernethy as the greatest teacher ever attached to our Hospital.

Our Society, as you know, has perpetuated his memory by being named after him.

Lawrence and Abernethy were not infrequent antagonists, both being of indomitable pertinacity; but Lawrence, always restive under control, was gracious enough to allow that in all his quarrels Abernethy was in principle in the right. Innumerable anecdotes are told of him, some true, many false; while his memory has suffered at the hands of some, who, failing to imitate him, have maligned him by rapid caricature.

PAGET.

James Paget.—The full history of the man from whom this Ward takes its name is happily for us incomplete. Full of years and honours Sir James Paget is still with us. Of his work it is not necessary for me to speak; few, however, if any, have received a larger recognition of public esteem and confidence. Sir James Paget's work must always take the highest rank, and his contributions to the literature of our profession are models of masterly thought and extensive knowledge.

On Intra-uterine Douching of the Puerperal Uterus.

By G. D. ROBINSON, M.D., B.S.Lond., M.R.C.P.,
Assistant Obstetric Physician to the West London Hospital; Physician to Out-Patients at the British Lying-in Hospital.

THE number of the JOURNAL for June of this year there is published a paper, originally read before the Abernethian Society by my friend Dr. James Morrison, on "The Treatment of the Puerperal Uterus."

In it is advocated a line of treatment so at variance with the teaching of our School from the days of Dr. Matthews Duncan up to the present time, and to the practice of obstetricians of to-day, that I am surprised that only one of the many readers of the JOURNAL has in any way alluded to it, since its publication six months ago.

Such a silence may suggest to some that Dr. Morrison's views are accepted by the majority of the readers of his paper. This, unless I am greatly mistaken, is far from

being the case, and it seems to me that a discussion of some of the points raised may be of use, since the matter is one of great practical importance.

Dr. Morrison suggests that—

(i) "In *every* case of a puerperal woman, on the third or fourth day after delivery an intra-uterine douche should be given, and the uterus thoroughly washed out." [The italics here, as elsewhere in the quoted remarks, are mine.]

(ii) "Should any signs at the time indicate that the uterus contains any large amount of clot, the cavity of that organ should at once be explored preliminary to the anti-septic douche."

(iii) "Should the temperature rise after the intra-uterine douche with symptoms of sapræmia, the uterus should be explored at once, with or without chloroform being administered."

In the following remarks I shall strictly limit myself to the chief subject of Dr. Morrison's paper, namely, the routine practice of intra-uterine douching in apparently healthy lying-in women. The treatment of the uterus after symptoms of sapræmia have developed is not here considered.

The reasons for Dr. Morrison's recommendations seem to be based entirely on theoretical considerations. He says that what he advises "is the proper antiseptic treatment of the placental site and genital tract, and is based on those principles of antiseptics which guide surgeons in their treatment of wounds in other parts of the body." But can the inner surface of the puerperal uterus be compared in all surgical respects to "wounds in other parts of the body"? It is true that there "we have solution of continuity of a surface," but does it follow, as Dr. Morrison asserts, that therefore "the process becomes pathological"?

This view, held by some in former times, was vigorously opposed by Dr. Matthews Duncan.

In his *Researches in Obstetrics*, p. 189, in the chapter on "The internal surface of the uterus after delivery," he remarks, "It appears wonderful that so many physiological paradoxes should have been so easily adopted by the profession, and that so much of what is essentially morbid should have been invoked to aid in the performance of a natural function in a healthy body."

Again, p. 215, "The chief analogy of the internal uterine surface after delivery is not with a stump so far as it consists of incised and denuded tissues, but only in both surfaces presenting numerous open veins, liable to become inflamed or to absorb the obnoxious materials which may be brought into contact with them."

And he quotes with approval (p. 200) the remarks of Priestley: "When the membranes are thrown off in the third stage of labour a portion of decidua remains attached to the uterine surface as a protection against external agencies."

That the decidua that remains after labour does constitute "a protection against external agencies," by acting as a filter to keep out germs from the deeper tissues, has

been shown by Widal (best known in connection with the serum diagnosis of enteric fever) in his work *Étude sur l'infection puerpérale, la phlegmatia alba dolens, et l'érysipèle*.

Can this be said of "wounds in other parts of the body"?

Again, Döderlein (*Arch. f. Gyn.*, Bd. xxxi, 1887, p. 412) has demonstrated that the cavity of the puerperal uterus is normally free from micro-organisms of any sort. Can this be said of surgical "wounds in other parts of the body"?

If the shedding of the placenta and the superficial layers of the decidua is indeed "pathological," then we must revise our definition of that term.

It is true that "the vagina and external genitals contain the various germs of decomposition, and even of specific infection;" also that there are blood-clots in the puerperal uterine sinuses and cavity, and that there is a constant stream of lochial discharge flowing from the uterus and vagina.

But in what percentage of cases does "the process of putrefaction spread gradually up into the uterus by means of this unbroken stream of favorable medium, to cause almost certain trouble afterwards"?

"In private," says Dr. Morrison, "where vaginal douching is not carried out, I believe that practically every woman is at about the end of the first week after delivery slightly sapraemic or septic."

Dr. Morrison is careful to admit that "nature" started with excellent intentions, and "may probably have intended parturition to be a physiological process;" but she unfortunately allowed "pathological" "solution of continuity of surface," and clots in the uterus, together with a constant lochial discharge into a germ-inhabited vagina, with the result that the germs "will get up sooner or later into the uterus," "to cause almost certain trouble afterwards."

If the risk run is indeed as constant and great as Dr. Morrison maintains, then much may be said in favour of the routine intra-uterine douche in guarding the unhappy woman against the evils to which "nature" has so thoughtlessly though "probably" unintentionally exposed her.

There is a constant stream of blood from the (possibly denuded) endometrium to the germ-containing cervix and vagina during menstruation, but I am not aware that any man or woman of sufficient enterprise has yet arisen (even in America) to recommend and practise routine intra-uterine douching on women during the performance of that function, "to destroy the line of communication which otherwise exists between the vulva" and uterine cavity, and to prevent the germs from swimming up-stream like salmon.

I believe there are still a few of us who have a little confidence in "nature."

Dr. Morrison believes that germs "will get up easily enough in time into the uterus," so that in cases left to nature "every woman" suffers more or less from "sapraemia or sepsis," but he does not place the facts on which this conviction is based at our disposal.

Döderlein's experiments, and the practical experience of

most obstetricians, are both against this view; and the presence of microbes in the uterine cavity is usually looked upon, and I think rightly so, as an occasional abnormal condition, and not, as Dr. Morrison states, one that occurs in every puerperal woman who is not douched.

But apart from theoretical opinions, does practical experience teach us that routine intra-uterine puerperal injections are desirable? "There is nothing new under the sun." Twenty years ago prophylactic post-partum intra-uterine douching was very largely employed, especially in Germany. J. Veit (who together with Ruge is so well known for his admirable work on *Cancer of the Cervix Uteri*, published a paper in 1879 (*Berlin. klin. Wochenschr.*, 1879, No. 23) in which he advocated the prophylactic intra-uterine irrigation then so commonly employed.

In a recent letter to me (which accompanied a copy of the paper just mentioned) he appears somewhat surprised at my interest in the subject, since he considers that the perfecting of our methods of the management of normal labour has long since rendered such treatment quite unnecessary. This view has gradually gained ground, and with the vast majority of obstetricians of to-day I venture to say that prophylactic intra-uterine douching has now become a thing of the past. The universal experience of obstetricians, therefore, seems to me to show that such meddling with the uterus is quite uncalled for.

But are there no positive objections to routine intra-uterine douching? I think there are.

Dr. Morrison thinks that the danger of introducing germs into the uterus with the douche is only a theoretical one. If the douche apparatus is clean to start with, any germs introduced on the catheter by contact with the vagina are immediately washed out again—drowned or poisoned. I confess that I have more respect for germs than Dr. Morrison appears to have. Those who have done some practical bacteriology are aware that germs are not always so easily destroyed by chemicals as we should wish them to be. But let me quote Dr. Morrison's own exceedingly instructive remarks on this very point.

"Another point seems to be brought out by the cases I have treated, and that is, if there is any mass of clot and débris left in the uterus after an intra-uterine douche the mass immediately begins to decompose, so that in a day or two you have pyrexia and well-marked symptoms of sapraemia."

How does he account for the clot first beginning to decompose immediately after the douche, if the catheter does not introduce germs? "Do not say the douche only made the woman septic, and therefore should not have been given; rather rejoice that by this means you discovered the mass, and were able to remove it whilst the woman was still under observation," is, I think, a clear admission that the catheter does introduce germs into the uterus after all, and apparently pretty constantly too. If the germs introduced in this way are only those of putrefaction, the patient may escape with

a sapraemic attack; but suppose that they are virulent septic organisms (streptococci), such as Dr. Morrison says are sometimes found in the vagina, then the result of the douching may indeed be disastrous. Certainly until Dr. Morrison can convince us that if the aseptic clot in the uterus is left undisturbed it will "cause almost certain trouble afterwards," such as "white leg or pelvic inflammation," we feel strongly inclined to use his own words, "The douche only made the woman septic, and therefore should not have been given."

But there are other dangers associated with this treatment "mentioned in books as having occurred," but which Dr. Morrison tells us are excessively rare. The following cases I have found recorded.

Bailey (*Arch. de Tocol.*), 1887, vol. iv, p. 663:—Two cases of acute peritonitis following intra-uterine injection.

Gördes (*Central. f. Gyn.*), 1892, p. 473:—Severe abdominal pain, collapse, and general tetanic spasm of muscles after intra-uterine injection of iodine solution.

Haynes (*American Journ. Obst.*), 1889, p. 113:—No. 1. Case of severe abdominal pain, lasting twenty-four hours, after an intra-uterine carbolic acid douche.

No. 2. Case of perimetritis with "parchment induration" after an intra-uterine douche. The pain came on immediately after the douche, and fever two hours later. Illness lasted a month.

No. 3. A case of severe abdominal pain and collapse immediately after an intra-uterine douche.

No. 4. Case of perimetritis following immediately after an intra-uterine douche.

No. 5. Death in seven hours following severe abdominal pain and collapse during intra-uterine douching.

Haynes also states that tinnitus aurium is experienced in 20 per cent. of cases, and syncope in 5 per cent. He records—

No. 1. A case of tinnitus aurium and convulsions with syncope during intra-uterine douching.

No. 2. A case of severe syncope during intra-uterine douching.

No. 3. A case of three rigors, each rigor following an intra-uterine douche.

No. 4. A case of five rigors, each rigor following an intra-uterine douche.

No. 5. A case of rigors (no number given), each rigor following an intra-uterine douche.

No. 6. A rise of temperature without rigor following an intra-uterine douche.

J. Veit, in the paper above mentioned (*Berlin. klin. Wochenschr.*, 1879, No. 23), quotes seven cases of accidents during or immediately after intra-uterine douching recorded by Richter, Künster, Fritsch, and Hergeden, and adds ten others from his own experience, making seventeen in all. The accidents included unconsciousness, hystero-epileptic convulsions, cyanosis, slowing of pulse, stopping of respira-

tion, and later stertorous breathing. These symptoms lasted from half an hour to a day. Rigors and discharges of blood from the uterus were common. The injection material was acid. carbol. 1 per cent., or salicylic acid.

Garruges (*American System of Obstetrics*) mentions a fatal case of perforation of the uterus and injection of fluid into the peritoneal cavity which occurred at his lying-in hospital during the administration of an intra-uterine douche, and a similar fatal and unpublished case in this country has come to my knowledge.

It is difficult to estimate the exact frequency of accidents during or following intra-uterine douching, since accurate statistics are wanting. It is probable that many accidents occur that are never recorded—the fatal case just mentioned as having come to my own knowledge is one in point. If such be the case they are more common than Dr. Morrison imagines. The only source I know of from which reliable conclusions can be drawn is the paper of Veit's above quoted. Veit had ten accidents in 400 consecutive cases of intra-uterine douching—that is one accident in every forty cases; Dr. Morrison's opinion that "intra-uterine douching is not at all dangerous" is based on thirty-eight consecutive cases.

Space forbids that any other points raised in this paper should be touched on; such, for instance, as the hitherto unrecognised pathology and treatment of certain cases of mammary abscess, propounded by the author in the words, "A localised and tender spot in one breast is also very often a diagnostic sign of decomposition occurring in the uterus, and if the uterus is not washed out may lead to mammary abscess."

I have limited myself to the discussion of the practice of routine intra-uterine douching on the third or fourth day of the puerperium in patients who have shown no sign of fever, and I do not in any way refer to the treatment of the uterus in patients who exhibit symptoms of sapraemia.

If Dr. Morrison can produce facts to prove that an aseptic blood-clot contained in the aseptic puerperal uterine cavity necessarily sooner or later becomes infected from the cervix and vagina, and that germs "will get up easily enough in time into the uterus" "to cause almost certain trouble ["white leg, pelvic inflammation, &c."] afterwards," it will then be time for us to reconsider our treatment of the puerperal uterus. If, as I believe, routine intra-uterine post-partum douching is both unnecessary and also fraught with danger, then the unchallenged statements of Dr. Morrison cannot, I fear, fail to do harm. It is for this reason that I have raised the subject, hoping that we may learn the experience of readers of the JOURNAL, so many of whom are qualified by large midwifery practices to speak with authority. For, after all, the value of any line of treatment can only be judged by the accumulated experiences of practical men, and this I am sure, from my knowledge of him, Dr. Morrison will be the first to admit.

Formalin Methods for the Preservation of Museum Specimens.



WE have received so many requests for more details of the formalin methods alluded to in the Notes last month, that Prof. Kanthack has kindly provided us with the following description, which we hope will prove of value to those interested in the preservation of museum specimens.

METHOD I.—JORES'S METHOD (*slightly modified*).

A. If the original cut surface is to be preserved,

(1) The specimen is first rinsed in cold tap water and cleansed on its surface, and then placed in the following solution:

Formalin	20 parts.
Tap water	100 "
Sodium chloride	1 "
Sodium sulphate	2 "
Magnesium sulphate	2 "

(2) The specimen remains in this solution for forty-eight hours, and is then transferred to pure strong spirit for ten minutes, and then

(3) Transferred to fresh spirit. Here the specimen must be carefully watched. Soon the colour, which had disappeared to a great extent in the formalin solution, slowly and gradually comes back, but after about half an hour to an hour it begins to fade.

(4) Immediately it begins to fade the specimen must be placed in a mixture of glycerine, water, and potassium acetate.

Water	1000 c.c.	If this solution is turbid or milky, it must be filtered before use.
Potassium acetate	30–50 grms.	
Glycerine	1000 c.c.	

In this glycerine mixture the colour becomes intensified, and regains much of its natural appearance.

(5) Finally, it must be mounted in the same glycerine mixture.

B. (1) If it is not necessary to preserve the original cut surface or the natural surface of the specimen, as the case may be, then the specimen, after having been carefully suspended in the formalin solution for about forty-eight to seventy-two hours, according to its thickness and consistence, should be placed in spirit for one to five hours. It is impossible to state the exact time for all cases, for these depend greatly on the firmness, size, and nature of the organ.

(2) At the end of this time a fresh surface is obtained by removing a *thin* slice with a long and sharp knife. The specimen with its renewed surface is then put back into the formalin solution for another twelve to twenty-four hours, and then passed through the two changes of spirit as described above, and treated with the glycerine solution in the same manner.

Jores's method gives extremely good results with kidneys (especially large white), brains, and malignant disease of the liver.

METHOD II.—KAISERLING'S NEW METHOD.

This method, which, according to Kaiserling, gives better results even than the two previous methods, is a compromise between Jores's and Kaiserling's original method.

(1) The specimen is fixed in the following solution:

Formalin	200 c.c.
Water	1000 c.c.
Potassium nitrate	15 grms.
Potassium acetate	30 grms.

In this solution it remains at least twenty-four hours, and longer if the specimen be large, hard, and tough, but, as before mentioned, never more than five times twenty-four hours.*

* If the specimen is voluminous and still uncut, it is often advisable to inject it with formalin solution, both through the main arteries and main veins, which of course must then be tied. The formalin solution to be used for injection must be made up as follows:

Formalin	400 c.c.
Water	1000 c.c.
Potassium nitrate	30 grms.
Potassium acetate	50 grms.

(2) The specimen is then placed in 80 per cent. spirit until the colour returns—*i. e.* for two to sixteen hours; and

(3) Finally it is placed in the following glycerine solution, in which it is also mounted:

Water	2000 c.c.
Potassium acetate	200 grms.
Glycerine	400 grms.

This method may prove to be the best of the three, and therefore it may be useful to copy a few directions from Kaiserling's last paper for future guidance. These may be given in tabular form.

TABLE PREPARED FROM KAISERLING'S PAPER IN *Virchow's Archiv*, vol. cxlvii, No. 3.

	Formalin Solution.	80 per cent. Spirit.	Remarks.
Heart . .	(1) Small heart, 24 hrs. (2) Large heart, 3 days	4 hrs.	Easily fixed.
Aorta and vessels .	(1) Not hæmorrhagic, 12 hrs. (2) Hæmorrhagic, 24 hrs.	2–3 hrs.	
Lungs . .	(1) Uncut; inject bronchi, arteries, & veins, 4 days (2) Cut: 2–4 days, according to density	5–6 hrs.	Very difficult. Gives beautiful results.
Larynx .	3 days	6 hrs.	
Spleen . .	(1) Cut: 24 hrs.–3 days (2) Uncut; inject every 6 hrs., and keep in solution 4–5 days	4–12 hrs.	Easily fixed.
Kidneys .	(1) Uncut: inject and fix for 4–5 days (2) Cut: 3 days	6–10 hrs. 8–12 hrs.	Easily fixed. If cysts are present, fix the kidney <i>in toto</i> , pass through spirit, and place in glycerine for 24 hrs. Then fill cysts with glycerine solution by injecting either into the ureter or through the renal parenchyma.
Liver . .	(1) Uncut: inject repeatedly through the hepatic artery, portal vein, and bile-ducts (2) Cut: 3–5 days according to size	8–12 hrs.	Easily fixed. So far all attempts to fix yellow bile colour have been unsuccessful.
Gut . .	(1) Uncut: fill with formalin (2) Cut open: 24 hrs. if not hæmorrhagic 48 hrs. if hæmorrhagic	2–4 hrs. 8 hrs.	
Brain . .	Cut: 3–5 days Uncut: 8 days	6–12 hrs. 8 hrs.	Difficult.
Muscle .	3 days	5 hrs.	
Bone . .	Always unsawn; 4–5 days	12 hrs.	Saw only after it has been in glycerine for 14 days, then place again in alcohol, and mount.

A few more points require mention:

(1) A renewal of the surface by a fresh section must never be made, according to Kaiserling's latest instructions, until the specimen has been in glycerine for at least fourteen days, and it must then again be placed in alcohol for two to three hours, to freshen up the colour.

- (2) The formalin solution can be used repeatedly, and therefore one must not be sparing with it. After it has been used twice for big specimens, add about one fifth of the chemical ingredients, and then it may be used again twice.
- (3) Old solution may always be used for the initial fixation, so that a specimen which requires twelve hours' hardening may be placed in an old solution for six hours and into a fresh solution for further six hours.
- (4) If the glycerine solution is turbid, it must be filtered through cotton wool.
- (5) If pigments pass into the glycerine solution, the specimen must be taken out, and the solution filtered through thick layers of cotton wool and charcoal. The pigments have generally come from the substance, and not from the surface of the specimen.
- (6) It appears that Formaldehydum Solutum is better than the less pure formalin.
- (7) To save the hands, india-rubber gloves should be worn.

With these directions, care, and common sense, extremely beautiful results can be obtained.

LITERATURE:—Jores, *Centralblatt für allg. Pathol. u. pathol. Anat.*, 1896, No. 4; Kaiserling, *Berliner klin. Wochenschr.*, 1896, August 31st; Kanthack and Shaw, *Transactions of the Pathological Society, London*, vol. xlviii; Kaiserling, *Virchow's Archiv*, vol. cxlvii, Heft 3.

Notes.

DR. GRIFFITH has been elected President of the Medical Defence Union.

WE desire to call special attention to the Mid-Sessional Address of the Abernethian Society, which is to be delivered by Dr. Lovell Drage on January 13th, 1898, the subject being "The Coroner's Court." Dr. Drage, being himself a coroner, can speak with authority on this topic. While at St. Bartholomew's he was House Surgeon to Sir Thomas Smith, and Midwifery Assistant to Dr. Matthews Duncan.

THE Smoking Concert of the Cambridge Medical Graduates Club was held as usual at the Banqueting Hall, St. James's Restaurant, on Wednesday, November 17th. There was a large attendance, over 300 members and guests being present. The Oxford Medical Graduates Club were invited as the guests of the sister club. Among the more specially appreciated items were Dr. Shadwell's songs, Dr. Blumfeld's recitation of the "Notes of a Case," and Mr. Llewelyn Powell's song, "Would I were a surgeon!" The words of the last song, by the way, appeared originally in the *St. George's Hospital Gazette*, and three of the stanzas were quoted in the JOURNAL. The evening was the occasion of many pleasant réunions, and its undoubted success was largely owing to the efforts of the Secretaries, Dr. Rolleston and Dr. Morley Fletcher.

THE following evening the Oxford Medical Graduates Club dined at Limmer's Hotel. Mr. Tomes, F.R.S., was in the Chair, and about forty members and guests were present. The speech-making was commendably brief, nor did this appear to damp the pleasure of the club. Afterwards many of the members adjourned to the conversazione of the

Society of Anaesthetists, which was held the same night in the rooms of the Royal Medical and Chirurgical Society.

THE tale of dinners is still incomplete, for a number of old Bart.'s men have decided to show their appreciation of Dr. W. J. Collins, Chairman of the County Council, in a practical shape at the Trocadero Restaurant on Thursday, December 16th. Mr. Howard Marsh will preside. A goodly and representative number have expressed their intention of being present. And, by the way, when is Dr. Collins going to delight us again at the Abernethian Society? We hope amid the stress of his many engagements he will not altogether desert the Society of which he is an ex-President.

CONTRIBUTORS are reminded that the date of publication of the JOURNAL is the 15th of each month. Punctuality in issue is impossible if reports of club meetings and other events are not forwarded to the editor at the proper date. As to what that date is, reference need only be made to the first page of this number.

WE are requested to call the attention of our readers again to the claims of the widow and children of the late Mr. F. W. Ellison on Bart.'s men. Considering the generous way in which the *Lancet* has responded to the appeal, it is not fitting for members of this Hospital to be behindhand. Particulars will be found in our September issue; subscriptions may be forwarded either to Mr. Howard Marsh or Mr. Hatfield, York House, Park Road, Forest Hill, S.E.

WE regret to announce the resignation of Mr. James Berry from the post of Surgical Registrar at the end of this month. All who have come into contact with him will bear witness as to his great kindness and consideration in the performance of his duties; we are sure that no house surgeon or student has ever sought his aid in vain, despite the heavy routine work which falls upon the Surgical Registrar.

MR. H. J. WARING has been appointed Surgical Registrar, and Drs. Calvert and Garrod have been re-elected Medical Registrars and Demonstrators of Morbid Anatomy.

THE *Guy's Hospital Gazette* still maintains its high position among our contemporaries. The last issue contains a lecture by Dr. Pye-Smith on "Life Assurance," a subject in which he is well versed. Considering how many medical men have to act as referees in this matter without special training, an utterance from one of such experience is of great value. There are also notes of a very interesting case of transverse presentation, for which Cesarean section had to be performed after embryotomy had failed. But we could not find any pelvimetric record; surely this is an extraordinary omission?

WE congratulate Mr. J. W. W. Stephens on his appointment as John Lucas Walker Student at Cambridge. The Studentship is of the annual value of £200. Mr. Stephens was the Treasurer's Research Student at this Hospital from 1895 to 1897, and President of the Abernethian Society. He subsequently became Assistant to the Imperial Bacteriologist of India, and has only recently returned from that appointment.

* * *

MR. H. K. ANDERSON, Demonstrator in Physiology at the University of Cambridge, has been elected to a Drosier Fellowship at Caius College.

* * *

IN our *Appointments* column will be found a list of the six Bart.'s men who have been appointed temporary officers by the Indian Government to assist in coping with the outbreak of plague. We wish them all success in their endeavours. While speaking of Bart.'s men who are going abroad, we may mention that Mr. P. O. Andrew is leaving us to take a practice in Wellington, New Zealand.

* * *

MR. ALFRED S. COOKE, an old Bart.'s man who qualified in 1863, has been elected President of the Gloucestershire Branch of the British Medical Association for the ensuing year. His presidential address, delivered at Gloucester on November 16th, embodied his experience of over 2000 cases of midwifery. Out of the thirty or forty who sat down to supper at the close of the meeting there were no less than fifteen Bart.'s men.

* * *

At the moment of going to press we learn that Mr. E. J. Toye has maintained the Hospital tradition by obtaining the Scholarship and Gold Medal in Obstetric Medicine at the London M.B.

* * *

THE *Lancet* for December 4th publishes Dr. Norman Moore's highly interesting inaugural lecture for the session on the Pulse. It is hard to realise that the frequency of the pulse was not noted earlier than the beginning of last century.

* * *

WE hear that the Chancellor of the University of London has invited all the Institutions named in the Report of the Cowper Commission to send delegates to confer with representatives of the Senate of the University in regard to the proposed legislation for the reform of the University. It will be remembered that a "London University Commission" Bill was introduced into Parliament last session, and after passing the House of Lords was withdrawn by the Government owing to pressure of business.

* * *

Meanwhile a scheme for the establishment of a second University in London, under the name of the "University of Westminster" has been started, and appears to have obtained some adherents amongst the teachers in the London Medical Schools. We think it is to be regretted

that this alternative scheme has been mooted until it is finally shown that legislation on the lines of last year's Bill is impossible.

* * *

WE understand that the contract for the building of the new school of Christ's Hospital at Horsham has been definitely accepted, and that Messrs. Longley of Crawley will be the builders, the cost being £294,243. It is estimated that three and a half years will be required to build the new school.

* * *

IN the competition for the Naval Medical Service recently held, Mr. W. J. Codrington, M.B., Mr. A. Woolcombe, and Mr. W. H. Pope were successful in obtaining commissions.

Amalgamated Clubs.

RUGBY UNION FOOTBALL CLUB.

ST. BART.'S v. WICKHAM PARK.

Played on October 30th at Wembley Park.

Losing the toss, Bennett kicked off, and for some time Bart.'s pressed hard. The ball was very slippery, and the outsiders found it difficult to hold. In consequence of this the game was chiefly confined to the forwards, where the sides were very evenly matched. Wickham at last got away and scored a try after the only good bit of passing in the match. Directly afterwards one of their outsiders made a splendid run from half-way, and grounded the ball between the posts, a goal resulting.

In the second half our forwards played up hard, breaking away from the "scrums," and dribbling well, but though very near it on several occasions, we never actually scored. Body fielded and kicked very well. The three-quarters should give him more support in tackling.

Team.—T. M. Body (back); S. Mason, C. Dix, T. A. Mayo, J. M. Plews (three-quarters); H. Walker, A. W. Nuthall (halves); W. F. Bennett, J. K. S. Fleming, A. J. W. Wells, C. H. D. Robbs, H. C. Adams, A. M. Amsler, A. O'Neill, J. A. West (forwards).

ST. BART.'S 2ND XV v. ST. MARY'S HOSPITAL 2ND XV.

October 23rd.—Played at Winchmore Hill, resulting in a win for the Hospital by 6 goals 9 tries to *nil*—57 points to *nil*.

From the kick-off Bart.'s asserted their superiority. At an early stage Marrack passed neatly to Sale, who scored a try, which he subsequently converted into a goal. The game now became very much in favour of the Hospital, whose three-quarters, playing well together, scored whenever the halves fed them.

The halves, Spaight and Marrack, played a good game, and the three-quarters left nothing to be desired. Of the forwards the following were conspicuous for good play:—N. Maclaren, E. H. Stanges Leathes, A. J. West, and H. M. Huggins.

ST. BART.'S 2ND XV v. UNIVERSITY COLLEGE SCHOOL.

October 27th.—Played at Winchmore Hill, and resulted in a win for the Hospital by 4 tries to 1 goal 1 try—12 points to 8 points.

The game was of a very scrambling nature, as the Hospital forwards were too heavy for the visitors, and they refused to heel the ball out to the halves.

ST. BART.'S 2ND XV v. UPPER CLAPTON.

October 30th.—Played at Winchmore Hill, and resulted in a win for the Hospital by 1 goal (dropped) 1 try to *nil* (7 points to *nil*).

The teams were evenly matched, and a good game resulted. The dropped goal was scored by W. S. Danks, and the try by F. H. Spaight. At back H. W. Pank played well.

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S v. HAMPSTEAD.

This match was played on the Hospital ground at Winchmore Hill on Saturday, November 6th. Owing to the very late appearance of

the Hampstead team the game could not be commenced until nearly four o'clock, when Bart.'s kicked off, Hampstead being still one short. For the first quarter of an hour the Hospital had matters all their own way, and Hughes soon opened the score with a good shot. Continuing to press, the Bart.'s forwards had numerous chances of scoring, but their shooting was decidedly weak; only one more goal was scored before half-time, Walker putting the ball through after a good run by Marrett. The second half was of a much more even character, but owing to the late start the light was very bad, and the game suffered in consequence. Talbot and Marrett made several brilliant runs down the wings for the Hospital, but their centres were not taken advantage of; on the other hand, the Hampstead forwards gave the home backs plenty to do, and on two or three occasions looked like scoring. They failed to do so, however, and Bart.'s were left the victors by two goals to *nil*. The game was a great deal spoilt by the late start, as the Bart.'s team were waiting nearly an hour and a half, and consequently played rather a slack game; while the Hampstead team never got together at all until the second half—their last man appearing at 4.15. For the winners Marrett and Talbot were the best of the forwards, while Scholefield played a sound game at half-back. For Hampstead the outside right caused a good deal of trouble, and the backs kicked well.

Team.—H. H. Butcher (goal); L. Orton, L. E. Whitaker (backs); R. Scholefield, C. G. Watson, R. Aldersmith (half-backs); T. H. Talbot, R. Walker, G. W. Stone, L. E. Hughes, H. N. Marrett (forwards).

ST. BART.'S v. HASTINGS.

Played on November 10th at Hastings. A good and fast game, in the first half of which there was no scoring, though Bart.'s did most of the pressing. Middleditch, just on half-time, made a good shot for Hastings, which Butcher saved in magnificent style.

In the second half the Hastings attack was mastered, and Whitaker and Hughes both scored for Bart.'s, leaving us victorious by 2 goals to *nil*.

Hastings had their full team, which included a good defence in Brown and Bond at back, and Middleditch at half-back.

Bart.'s had the services of Pickering at centre half, and Whitaker went centre forward, Watson taking his place at back. Willett, Talbot, and Whitaker did some very pretty work forward. At half Pickering was first-rate, and Scholefield, whose play improves every match, tackled exceedingly well. Watson put in some heavy work at back. The Hospital have now won three successive matches, and are beginning to get together and into form. *Teams:*

St. Bart.'s.—H. H. Butcher (goal); C. G. Watson and L. Orton (backs); R. Scholefield, H. J. Pickering, and A. H. Bostock (half-backs); T. Talbot, J. A. Willett, L. E. Whitaker, L. Hughes, H. N. Marrett (forwards).

Hastings.—C. Slaughter (goal); R. Brown, G. H. Bond (backs); Newman Hall, B. Middleditch, J. Osborne (half-backs); W. L. Donaldson, Herbert Hemmings, T. Kennard, S. Hadden, and A. J. Kent (forwards).

After the match the team were entertained at high tea and smoking concert by Dr. Gabb and the old Bart.'s men in Hastings, to all of whom the best thanks of the Hospital Football Club are due.

J. Valerie, who came down and acted as linesman, contributed a song to the programme.

Mr. Coventon proposed the health of St. Bartholomew's Hospital Football Team. After commenting on the game he said that they all knew St. Bart.'s Hospital; it was *the* Hospital. There was only one hospital team, and that was *the* football team of *the* Hospital. It was only natural that such a team should be victorious, and there was no disgrace in the Hastings team being beaten by it. He gave them the toast of "*the* football team of *the* Hospital."

To which the captain, Mr. L. E. Whitaker, replied. He thanked them very much for the very kind way in which they had received the toast. It gave the team very great pleasure to visit Hastings year after year. They all knew how hard hospital men worked in London, and what a great deal of good even a breath of sea air did them. They looked forward to the visit to Hastings for two reasons: first, because they would receive a perfectly fair game,—they were content to win, and if they could not do that, then they would be content to lose; secondly, they had the pleasure of being entertained by their chairman and their hosts to a high tea and an excellent smoking concert.

Saturday, November 13th. Beckenham match was scratched owing to their engagement in a cup tie.

Wednesday, November 17th. Cinque Ports, Dover, scratched, as they were unable to raise a team.

RESERVE MATCHES.

		Played at.	For.	Agst.
Sat., Nov. 6.	Ealing II.	Ealing	1	2
Wed., " 10.	Felstead School.	Felstead	2	8
Sat., " 13.	St. Mary's Hosp.	Winchmore Hill	2	1
Wed., " 17.	Emanuel School	New Wandsworth	6	0
Sat., " 20.	Crouch End II	Winchmore Hill	1	4
Wed., " 24.	City of Lond. Sch.	Beckenham Hill	3	3
Sat., " 27.	Norsemans	Winchmore Hill	1	1

The matches v. St. Mark's College, Chelsea, and Tonbridge F.C. were unfortunately scratched.

Abernethian Society.



ON November 11th, 1897, Mr. Langdon Brown in the chair, Mr. Horder presented to the Society a certificate signed by Abernethy and Stanley in the year 1827. This we hope shortly to have framed and hung in the Society's room.

Mr. Stawell then read his paper on "Perforating Gastric Ulcer." He drew up his conclusions from a large quantity of statistics, which must have entailed an enormous quantity of work. One could not do the paper justice by any extracts of it here; we hope to publish it *in extenso* before long.

On Thursday, November 18th, 1897, the Society held a clinical evening, as, owing to unavoidable circumstances, Dr. Morrison's paper had to be postponed until December 2nd. Mr. Hussey was in the chair.

Mr. Hussey demonstrated the method of illuminating a stomach by means of an electric glow-lamp passed down the oesophagus in a woman of middle age with a dilated stomach, which had previously been carefully washed out. When the electric current was turned on, the position of the stomach and its upper and lower limits could easily be seen; also if there had been a growth in the anterior wall, it appeared that it would have been fairly easy to see a shaded portion corresponding to the growth. The patient was an extremely good subject for the demonstration, which was a complete success.

Mr. Horder then showed a case for Mr. Langdon Brown—a woman who had been sent to the Dermatological Society's meeting the previous week for diagnosis. The question was as to whether it was a genuine case of pemphigus or whether the lesions were self-inflicted; from the subsequent history the latter was undoubtedly the case.

Mr. Horder then showed a case of Dr. Gee's. The patient was a baby six months old, with oedematous patches which appeared in various regions. The original diagnosis was scleroderma, but recently two abscesses had formed. The question of pyæmia following vaccination was raised, but there was a great difference of opinion.

Mr. Drury showed a case of splenic leukaemia with an excellent microscopical specimen of the blood. The spleen filled up the greater part of the abdomen.

Mr. Gilbert Smith showed a case for diagnosis. The patient was a man with a syphilitic history, and an undoubted old hemiplegia. He had now developed spastic symptoms, well marked on the right side. A hot discussion followed, but no diagnosis was arrived at.

Mr. Lance then read a short but extremely interesting commentary upon the case of hydrophobia lately in the Hospital.

Mr. Pigg exhibited some specimens of a series of melanotic sarcomata in unusual situations, prepared by the new formalin method, and some specimens of what he believed to be alveolar sarcoma. He then showed a chain of femoral and inguinal glands from a patient suffering from the bubonic plague which had just been sent over from near Bombay, and obtained by an old Bart.'s man at considerable personal risk. The formalin specimens were most admirable, and the new method has certainly created quite a revolution in the preparation of museum specimens.


On November 25th, 1887, Mr. Langdon Brown, President, in the chair. The President showed an interesting case of multiple subcutaneous nodules, probably of syphilitic origin.

Mr. Drury then read a paper on "Shortness of Breath." The paper dealt most thoroughly with all the various forms of dyspnoea and their causes, and entered into a lengthy argument of Cheyne-Stokes breathing, and the various theories projected as to its causation.

On Thursday, December 9th, Dr. Morrison read a paper entitled

"Albuminuria in Pregnancy." Mr. Langdon Brown took the chair. Dr. Morrison's papers are always interesting and original, and this proved no exception. The paper went most fully into the relation of the diminution of the total excretion of urea to the onset of eclampsia. He considered that if the amount of urine passed is 50 oz. or more, and that there is 1.5 per cent. or more of urea, there is no immediate danger of a fit.

Dinner to Sir Thomas Smith.


UR readers will be interested to hear that on November 24th, at Limmer's Hotel, Sir Thomas Smith was entertained at dinner by thirty-eight of his past and present house surgeons. A gold watch and a handsome piece of antique silver plate were also presented to him as a token of the affection and esteem in which he is held.

Mr. Harrison Cripps, his first house surgeon, took the chair, and proposed the health of the guest in a graceful and witty speech; to which Sir Thomas, who was in excellent form, replied in a characteristic and amusing manner.

Sir Thomas, during the twenty-six years in which he has been surgeon to the Hospital, has had forty-eight house surgeons. Of these, three have since died, and three (A. P. Trinder, E. Humphry, and H. J. Walton) are at present abroad; of the remainder, four (E. S. Greensill, E. J. Burgess, D. A. Coles, and R. F. Jowers) were for one reason or another unavoidably prevented from being present at the dinner.

The thirty-eight who were present were, in order of seniority, Harrison Cripps (London), G. S. A. Waylen (Devizes), H. Bott (Brentford), M. H. Vernon (Horsham), R. Thomas (Exeter), A. J. Bathe (Southampton), S. S. Burn (Richmond), E. S. Tait (Highbury), H. G. Cronk (Repton), W. P. Herringham (London), J. E. Square (Plymouth), J. Berry (London), S. Paget (London), H. P. Tayler (Bradford-on-Avon), L. Drage (Hatfield), H. A. Haviland (Penang), P. H. Dunn (Stevenage), F. C. Evill (Barnet), C. P. White (London), C. P. Crouch (Weston-super-Mare), H. Huxley (London), C. H. Cosens (London), R. E. Crosse (East Dereham), R. A. Bickersteth (Liverpool), A. B. Rendel (London), C. E. Baker (London), C. B. Dale (London), H. O. Davies (Ealing), A. N. Weir (London), C. Buttar (London), Martin Jones (Aberdare), A. M. Mitchell (Guildford), C. H. Drake (Brixton), S. P. Cornish (London), G. V. Worthington (London), J. E. G. Calverley (London), H. W. Lance (London), Gilbert Smith (London).

The Cambridge Graduates Club of St. Bartholomew's Hospital.

N Monday, November 22nd, the Annual Dinner of the above-mentioned Club was held at Frascati's Restaurant. The Vice-Chancellor of Cambridge University, Dr. Alexander Hill, himself an old student of the Hospital, was in the chair.

The Dinner, as the Senior Secretary pointed out in his speech, was memorable in two ways: firstly, because this was the first occasion in

the history of the Club that a Vice-Chancellor had taken the Chair (seeing, however, that the Club is not yet twenty years old, and that it is nearly two hundred years since a graduate in Medicine was last Vice-Chancellor, this is, perhaps, not to be wondered at!), and secondly, because the number who sat down to dinner was again a record. Including twenty-three guests the total was seventy-five, thus beating the former record of last year by three.

The Dinner was in every way a great success, and it is very pleasing to find that each year it becomes more popular, since it must be to the advantage of both Seniors and Juniors to be thus thrown together.

During the evening music was provided by the following gentlemen:—Mr. Myers, Mr. Pollard, Mr. Sandilands, and Mr. Nixon, and to them the Club is greatly indebted, as also to Dr. Shelley for his admirable recitation.

After dinner, the Queen's health having been drunk, the Chairman proposed the toast of the evening, namely, "the Club." He took for his text the title of the Club, first giving a learned disquisition on the origin and meaning of the word. He then considered the two component parts of our own Club,—the Cambridge life followed by the training at St. Bartholomew's. Dr. Hill also alluded, amid general cheers, to the great acquisition which the Club had lately made in the person of Dr. Kanthack, the Professor of Pathology, the latter being present that evening for the first time as a member of the Club.

Dr. Hensley then proposed the health of the Chairman in very felicitous terms; in the course of his speech remarking that Dr. Hill was one before whom just now we should all be only too pleased to kneel. To judge from the applause which came from the junior members of the Club, candidates for the M.B., B.C. degree, this remark struck home.


Dr. Hill having responded, Dr. Norman Moore then proposed, in his usual happy vein, the health of the guests. These, he showed, contained among their number several distinguished men, representatives of other universities and other schools. The Press also—that powerful factor in modern life—was, he pointed out, not forgotten. It was indeed worthily represented in the person of Dr. Meakin, until recently the very successful editor of our Hospital JOURNAL.

Dr. Champneys and Mr. Parker then replied.

At this point it was announced from the Chair that the Guy's Hospital Cambridge Club, which was also holding its Annual Dinner that evening at Frascati's, had just drunk the health of the Vice-Chancellor. The company immediately responded to the toast by drinking success to the Guy's Club.

This ceremony ended, Professor Kanthack, in conclusion, proposed the health of the Secretaries, Dr. Morley Fletcher and Dr. Horton-Smith; and their health having been drunk with musical honours, and this honour duly acknowledged by them, the proceedings, after a most enjoyable evening, were brought to a close.

Volunteer Medical Staff Corps Ball.

S briefly announced last month, the members of the St. Bart's Hospital Company of the V.M.S.C. will hold their second Annual Ball on Monday, January 24th, 1898, at the King's Hall, Holborn Restaurant. The date has been altered from the 19th in order not to clash with the Hospital examinations.

The Ball will be under the patronage of Dr. Church, Sir Thomas Smith, Bart., representing the Staff of the Hospital; and the Warden, Dr. Shore, will represent the Medical School.

Mrs. Walsam will again act as Lady President, supported by a Ladies' Committee.

In response to a very generally expressed wish, a supper will be provided in the hall adjoining the ball-room, and consequently the Committee have been able to secure the whole suite of rooms connected with the King's Hall, ensuring complete privacy during the evening.

The band of the Royal Artillery will supply the music, and Surgeon-Lieutenant W. E. Miles, F.R.C.S., will officiate as M.C.

The Committee can only issue tickets to gentlemen, but each subscriber will be entitled to apply to the Ladies' Committee, through the Secretaries, for one lady's invitation. Subscribers' tickets are 15s. each (including supper), and are strictly limited to past and present members of the Hospital and their friends. The increase in the price of tickets is due solely to the addition of a light supper. Members of the regular and volunteer forces are requested to wear

mess dress. No member of the corps will be permitted to attend in ordinary uniform.

Mrs. Walsham will receive the guests at 8.20, and dancing will commence at 8.30 p.m., supper at 11.30 p.m., carriages 3.30 a.m.

This is the only intimation the Committee will be able to give to past members of the Hospital, but it is hoped that as many as possible residing within reach of town will endeavour to be present.

Tickets, which are strictly limited, can now be obtained from the Secretaries and Committee, and it is requested that early notice be given, as they will be issued in strict order of application.

COMMITTEE.

Chairman and Treasurer.—Surgeon-Lieut. W. E. Miles, F.R.C.S. Sergeant A. J. W. Wells; Lance-Corporal J. J. Scrase; Privates A. M. Dalzell, G. S. Ewen, W. C. Douglas.

Honorary Secretaries.—Serjeant-Major J. C. S. Dunn, St. Bart.'s Hospital; Sergeant E. A. May, 3, Gordon Villas, East Sheen, S.W.

St. Bartholomew's Hospital Boxing Club.



WE should like to draw the attention of Bart.'s men to this Club, as we do not think that men make enough use of it; there are several great advantages attached to this Club, which perhaps new men are not aware of.

1. The rooms are situated within two minutes' walk of the Hospital gates.

2. There is no expense whatsoever incurred by any who make use of it.

3. It is one of the best known forms of exercise.

4. On Fridays instruction is given by Alec Roberts, who is acknowledged to be one of the best instructors of the day.

5. It is the easiest way of training for football and hockey, and in no way interferes with Saturday games.

The rooms are situated under the St. Bartholomew's-the-Great Schools in Red Lion Court; but as there is sometimes a difficulty in finding them, the Honorary Secretaries will be pleased to take any men over if would-be members will communicate with them.

The rooms are open from 4.15 p.m. till 6.30 p.m. on Mondays, Wednesdays, and Fridays during the winter session.

A competition will be held at the end of the season, the date of which with all arrangements will be announced later.

The Honorary Secretaries will be pleased to answer all inquiries.

J. C. S. Dunn, } *Hon. Secs.*
G. E. Cathcart, }

The Month's Calendar.

[Secretaries of Clubs, &c., are invited to co-operate in making this Calendar of forthcoming events as complete as possible by forwarding particulars to the Editor.]

DECEMBER.

- Wed. 15th.—Mr. Butlin's Clinical Lecture, 2.45 p.m.
Thurs. 16th.—Dinner to Dr. W. J. Collins at the Trocadero, Mr. Marsh in the Chair.
Fri. 17th.—Dr. Hensley's and Mr. Marsh's duty.
Sat. 18th.—R.U.F.C. v. Upper Clapton, at Winchmore Hill. A.F.C. v. Pemberton, at Winchmore Hill.
Tues. 21st.—Dr. Brunton's and Mr. Butlin's duty.
Thurs. 23rd.—Winter Session divides.
Fri. 24th.—Dr. Church's and Sir Thomas Smith's duty.
Sat. 25th.—Christmas Day.
Tues. 28th.—Dr. Gee's and Mr. Willett's duty.
Fri. 31st.—Sir Dyce Duckworth's and Mr. Langton's duty.

JANUARY, 1898.

- Tues. 4th.—Dr. Hensley's and Mr. Marsh's duty. First Conjoint Examination begins.
Thurs. 6th.—Winter Session resumes. Second Conjoint Examination begins. Christmas Entertainment in Great Hall at 7 p.m.
Fri. 7th.—Dr. Brunton's and Mr. Butlin's duty. Christmas Entertainment in Great Hall at 7 p.m.
Tues. 11th.—Dr. Church's and Sir T. Smith's duty. Final Conjoint Examination begins.
Thurs. 13th.—Mid-Sessional Address, Abernethian Society. At 8 p.m. Dr. Lovell Drage on "The Coroner's Court."
Fri. 14th.—Dr. Gee's and Mr. Willett's duty.

Appointments.

BARFORD, P. C., M.R.C.S., F.R.C.P., appointed House Surgeon to the Bridgwater Infirmary.

BUTLER, Chas., M.D.Bruix, M.R.C.S., L.R.C.P., appointed Anaesthetist to the Samaritan Hospital for Women and Children.

FOX, E. H. BRUCE, M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Royal South Hants Infirmary, Southampton.

PAGET, C. E., M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Eng., appointed County Medical Officer of Health for Northampton.

ROACHE, W. H., M.B.Lond., M.R.C.S., L.R.C.P., appointed House Surgeon to the General Infirmary, Hertford.

ROCK, F. W., L.S.A., appointed one of the Medical Officers to Colonel Lugard's field force.

SHUTER, G. P., M.B., B.C.Cantab., D.P.H., appointed Honorary Medical Officer to the Hospital of St. Joseph.

BARRON, W. N., M.R.C.S., L.R.C.P.

DALAL, R. D., M.R.C.S., L.R.C.P.

JONES, T. C. L., M.R.C.S., L.R.C.P.

MCLEAN, W., M.R.C.S., L.R.C.P.

SELBY, H. C., M.B., B.C. Cantab.

WINTER, E. S., M.R.C.S., L.R.C.P.

Appointed Temporary
Plague Officers
by the
Indian Government.

Examinations.

LONDON UNIVERSITY.—M.B. EXAMINATION.—1st Division.—Toye, E. J., B.Sc. 2nd Division.—Bennett, H. C. P., Calverley, J. E. G., Cornish, S. P., Dunn, W. E. N., Robertson, F. W., Woodfield, T. H.

FINAL FELLOWSHIP.—Christopherson, J. B., Maxwell, J. P., Pearson, M. G., Phillips, L. C. P., Heath, A., Cholmeley, W. F., Blair, C. S., Dickinson, H. B.

PRIMARY FELLOWSHIP.—Fraser, J. E. S., Worth, C. A., Walker, L. A., Massina, H. M.

FINAL M.R.C.S., L.R.C.P.—Palgrave, E. F., Henshaw, W. H., Jones, T. C. L., Cruddas, H. M., Beit, F. V. O., Lloyd, E., Waterhouse, R., Prance, C. H. G., Roman, A. H., Boulton, H., Brickwell, F., Weaver, F. K., Baylis, H. E. M., James, P. W., Beath, W. L., Oldfield, J., Cholmeley, M. A., Gutch, J., Verdon-Roe, S., Bousfield, S., Hornabrook, R. W., Rowe, W. T., Leclezio, G. E., Jones, E. S., Corfield, E. C., Clarke, F. A. H.

SOCIETY OF APOTHECARIES.—Midwifery.—Greenwood, F. R. (Diploma).

Birth.

HEATH.—November 18th, at No. 3, Cavendish Place, Cavendish Square, W., the wife of Charles J. Heath, F.R.C.S., of a daughter.

Marriages.

DECK—DAVIS.—On October 13th, at St. Michael's, Highgate, by the Rev. Wilfrid Ogle and Rev. T. A. Davies, Edward James Deck, M.R.C.S., L.R.C.P., of 13, Warrior Gardens, St. Leonards, only son of Edward Deck, of Blyford Hall, Suffolk, to Florence Matilda Davis, youngest daughter of Henry J. Davis, of Earlsmead, Hornsey Lane, Highgate.

SPACKMAN—NEWTON.—On October 12th, at St. Saviour's, Paddington, by the Rev. Marshall Tweddell, M.A., vicar, Coniston Spackman, M.R.C.S., L.R.C.P., of Gloucester House, Faringdon, Berkshire, to Ada, third daughter of Frederick Newton, of 9, Warrington Crescent, Warwick Road.

Deaths.

ARMITAGE.—On October 23rd, on board ss. *Armand Behic*, Joseph Armitage, M.B.Oxon., F.L.S., late of Emu Bay, Tasmania, aged 44 years.

JOWERS.—November 12th, at Haywards Heath, Sussex, Gwendoline Amy, eldest daughter of the late Frederic W. Jowers, Esq., of Haywards Heath and Brighton, aged 33.

ACKNOWLEDGMENTS.—*Magazine of the Royal Free Hospital School of Medicine for Women, The Student, Guy's Hospital Gazette, University College Gazette, The Nursing Record, St. George's Hospital Gazette, The Hospital.*